

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 59

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Kevin R. Johnson

Mailing Address 100 Street of Dreams

City

Village Loch Loyd

State

MO

Zip Code

64012-4179

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 3 1 / 2 0 1 0

Transaction ID: PR18854406

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. Rakesh Bansal

Mailing Address 1 Horseshoe Court

City

Monroe

State

NJ

Zip Code

08831-2368

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 3 1 / 2 0 1 0

Transaction ID: PR1894406

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00)

C.

Full Name (Last, First, Middle Initial)

Mr. John P. Schwan

Mailing Address 1320 N Arch Street

City

Aberdeen

State

SD

Zip Code

57401-2147

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 3 1 / 2 0 1 0

Transaction ID: PR18974406

Amount of Each Receipt this Period

300.00

P/R Deduction (\$300.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)